

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90052 044 ***150.00

DOCUMENT # F94000000056

1. Entity Name
KING'S MEDICAL COMPANY



Principal Place of Business
**1894 GEORGETOWN RD
HUDSON, OH 44236**

Mailing Address
**1894 GEORGETOWN RD
HUDSON, OH 44236**

50016656



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1338678

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**- FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
BEATTIE, WILLIAM E
1894 GEORGETOWN RD
HUDSON, OH 44236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFD
LUBASKI, CLARK
1894 GEORGETOWN RD
HUDSON, OH 44236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DAVIS, GAIL S
1894 GEORGETOWN RD
HUDSON, OH 44236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VANKIRK, ALBERT
1894 GEORGETOWN RD
HUDSON, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANAGER

2-3-05

3306533968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #